



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS

**MISSOURI ON-SITE SAFETY AND HEALTH CONSULTATION SERVICE  
APPLICATION FOR CONSULTATION SERVICE**

P.O. Box 449  
Jefferson City, MO 65102-0449  
Phone 573-751-3403  
Fax 573-751-3721

Company Name				
Company Mailing Address				
Street	City	State	Zip	County
Site Address (If different from above)				
Street	City	State	Zip	County
Person to Contact			Title	
Person making request		Phone	Fax	
Exactly how did you learn of our service?				
Is OSHA including you in any type of targeting program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", what program?		
Briefly describe operations performed and final products. If more than one operation, list in primary order.				
Are you a (Please check appropriate box.) <input type="checkbox"/> Construction Industry <input type="checkbox"/> General Industry		Is the facility (Please check appropriate box.) <input type="checkbox"/> Non-union <input type="checkbox"/> Union		
Are you interested in our Safety and Health Achievement Recognition Program (SHARP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you require a (Please check appropriate box.) <input type="checkbox"/> Health visit <input type="checkbox"/> Safety visit <input type="checkbox"/> Health and Safety visit		
Number of employees at site		Number of total employees in company		
Standard Industrial Classification (SIC), if known		Have you had an OSHA Compliance visit in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are any of the following involved at this location? (Please check the box to the left of each applicable category.)				
<input type="checkbox"/> Chemicals (Please use other side or attach list.)		<input type="checkbox"/> Compressed Gases		
<input type="checkbox"/> Flammable/Combustible Liquids		<input type="checkbox"/> Explosives/Blasting Agents		
<input type="checkbox"/> Sources of Radiation		<input type="checkbox"/> Questionable Noise Levels		
<input type="checkbox"/> Welding/Burning (Gas/Electric)		<input type="checkbox"/> Dip Tank Operations		
<input type="checkbox"/> Work in Confined Spaces		<input type="checkbox"/> Spray Finishing/Coating		
<input type="checkbox"/> Machining (Cutting, Shearing, Forming)		<input type="checkbox"/> Materials Handling (Equipment)		
<input type="checkbox"/> Cranes		<input type="checkbox"/> Mechanical/Hydraulic Power Presses		
<input type="checkbox"/> Other (Specify)				
MUST HAVE SIGNATURE AND TITLE OF COMPANY OFFICIAL AUTHORIZING THIS CONSULTATION SERVICE				
<b>You may fax or mail the completed application to our office. Please fax both sides. If you do not receive an acknowledgment letter within two (2) weeks of submitting your application, please call us at 573-751-3403.</b>				
Signature		Title		Date

## Employer Consent of Obligation Form

**Disclaimer:** The mention of the name of any company or specific products by the consultant does not constitute an endorsement by the Missouri Safety and Health Consultation Service. Also, the results and recommendations in this report are based on the conditions which were present during our survey and on the best information available to the consultant at the time of the survey, and do not replace any other needed or required safety or health monitoring for your facility.

**Notice of Obligation:** If an OSHA inspection should occur, the OSHA Compliance Officer will not know about this consultation visit. You are not required to inform the Compliance Officer of our survey, but you must provide a copy of our monitoring results if it is requested (29 CFR 1910.1020(e)(3)). The OSHA Compliance Officer will not be legally bound by the advice given by our consultant, nor will the consultant be legally responsible for any OSHA citations.

**Before accepting this service from the State of Missouri, you agreed to correct all hazards identified as "serious" within the established time frame.** Extensions may be granted if you encounter difficulties, but these extensions must be requested in writing on or before the correction due date. As we have explained previously, the Missouri Safety and Health Consultation Service has a legal obligation to inform OSHA of uncorrected serious hazards (29 CFR 1908.6(f)). We never have had to do this nor can we imagine our ever having to do so because we cannot envision a Missouri employer allowing a condition to exist that could cause serious harm to an employee.

I hereby authorize the State of Missouri Consultation Service to take pictures of hazardous situations and also good examples of safety and health control measures both for documentation purposes and also for use in training and promotion activities.

Thank you again for utilizing the State of Missouri Safety and Health Consultation Program. We hope you will benefit from our assistance.

Signed by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_